

57342

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001834

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR

999000870

② Name Fluorocarbon CO OF AMERICA Name OPERATING IND
EPA NO. CAD074126651 EPA NO. CAD050012024
Address 5151 PLUM AVE Phone No. 556141 Address 700 POTERO GRANDE
City, State, Zip KERNOW 70058 City, State, Zip MONTREY PARK

Name RETURN
EPA NO.
Address
City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS PARMENTOR

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES / WATER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

2-13-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 2-13-81
TIME 1000 ☒ AM ☐ PM

⑯

Signature of Authorized Agent and Title

2-13-81
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME OPERATING IND Inc ⑱ QUANTITY (If Measured) 100 BARREL
EPA NO. CAD0805112024 ⑲ STATE FEE (If Any)

PHONE NO. ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND
SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME
EPA NO.

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉓

Signature of Authorized Agent and Title

P07
2-13-81
Date Accepted

ORIGINAL